

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 73

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Roland Y Nakata MD

Mailing Address 815 S Fairmont Ave

City State Zip Code
 Lodi CA 95240-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : 6541634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas R Dennis MD

Mailing Address 128 Lubrano Drive

City State Zip Code
 Annapolis MD 21401-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Annapolis Hand Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : 6541635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard M Dix MD, JD

Mailing Address P.O. Box 50129

City State Zip Code
 Henderson NV 89016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : 6541659

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00